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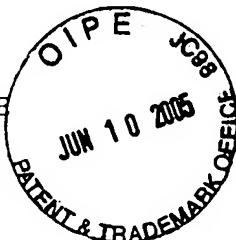
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33798 7590 04/13/2005  
**ANISSIMOFF & ASSOCIATES  
RICHMOND NORTH OFFICE CENTRE  
SUITE 201  
235 NORTH CENTRE RD.  
LONDON, ON N5X 4E7  
CANADA**



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	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/706,273	11/13/2003	Alain Renaud Boulet	941915	5644

TITLE OF INVENTION: MAGNESIUM DIE CASTING SYSTEM

**06/13/2005 SFELEKE2 00000045 10706273**

**01 FC:2501 700.00 OP  
02 FC:1504 300.00 OP**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/13/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, LEN	1725	164-317000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Anissimoff & Associates  
Robert A.H. Brunet  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) is enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

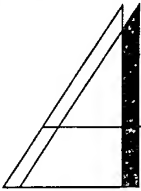
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party with an interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Robert A.H. Brunet  
Typed or printed name Robert A.H. Brunet

Date June 8, 2005  
Registration No. 55,158

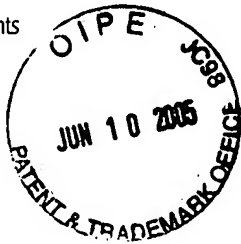
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# Anissimoff & Associates

Patent and  
Trade Mark Agents



June 8, 2005

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Commissioner for Patents  
United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

## **MAIL STOP ISSUE FEE**

Dear Commissioner:

**RE: United States Patent Application: 10/706,273  
MAGNESIUM DIE CASTING SYSTEM  
Applicant: BOULET, Alain Renaud  
Issue Fee and Publication Fee  
Our File: 941915**

In connection with the above noted United States patent application, please find enclosed the following:

1. Transmittal Form
2. Part B- Fee Transmittal
3. U.S. Money Order in the amount of **\$1000.00**

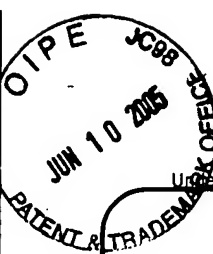
We look forward to receiving confirmation in due course.

Sincerely,  
**ANISSIMOFF & ASSOCIATES**

*Robert A. H. Brunet*

Per: Robert A. H. Brunet  
RB/jh

Encl. (as above)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 3

Application Number	10/706,273
Filing Date	11/13/2003
First Named Inventor	BOULET, Alain Renaud
Art Unit	1725
Examiner Name	TRAN, LEN
Attorney Docket Number	941915

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Part B- Fee Transmittal
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Anssimoff & Associates		
Signature	<i>Robert A. H. Brunet</i>		
Printed name	Robert A. H. Brunet		
Date	June 8, 2005	Reg. No.	55,158

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